-	NU. OF COPIES RECEIVED	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65 AS	
	LAND OFFICE	-	ECEIVED		
	TRANSPORTER GAS / OPERATOR /				
1.			OCT 4 1976		
	BELCO PETROLEUM CORPORATION				
	Address				
	10000 OLD KATY ROAD - SUITE 100 - HOUSTON, TEXAS 77055				
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Freuse explain)		
	Recompletion	Oil Dry Gas		·	
	Change in Ownership	Casinghead Gas Condens	sate		
	If change of ownership give name and address of previous owner				
	ESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation X Kind of Lease Lease No.				
	Lease Name DOUGLASS COMM	Well No. Pool Name, Including For 1 So. Carlsbad (M	-		
	Location	Unit Letter <u>H</u> ; <u>2410</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>East</u>			
			27E , NMPM, Eddy		
11.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GAS	S Address (Give address to which approx	ved copy of this form is to be sent)	
	Nome of Authorized Transporter of Cas	one Assigned	Address (Give address to which approx	ved copy of this form is to be sent)	
	Llano, Inc.	4	P. O. Box 1320, Hobbs, Is gas actually connected?		
	If well produces oil or liquids, give location of tanks. H 7 22S 27E Yes 9-9-76.				
v.	If this production is commingled wit COMPLETION DATA		give commingling order number:	Plug Back Sume Res'v. Diff. Res'v.	
	Designate Type of Completic		X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	5-14-76	9-27-76	11570' Top Oil/Gas Pay	11527 ! Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 3099 GR	Name of Producing Formation Morrow	10p 01/Gas Pay	10940'	
		1118/-11194; 11230-239, 11919 520, 11920 011)			
	11448-452		CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	0EPTH SET 414	500 sx.	
	13-3/4"	10-3/4"	17221	1500 sx.	
		7-5/8''	8829'	500 sx.	
	6 ¹ ₂ ''	5" / 2-1/8"-2-3/8	<u>8" 11567' / 10940'</u>	430 sx.	
v.	TEST DATA AND REQUEST FOR	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(ft, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	3000 Testing Method (pitot, back pr.)	14 Tubing Pressure (Shut-in)	.666 Casing Pressure (Shut-in)	55 Choke Size	
	Orifice Meter	2225 FTP	Pkr	12/64"	
VI.	CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 0CT 5 1975		
	Commission have been complied t	with and that the information given e best of my knowledge and belief.	BY_W.a. Lusset		
		$\sim \Lambda$	TITLE SUPERVISOR, DISTRICE		
	EN.	Berch	This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or despend		
	(Signature) Production Accountant (Title)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
	9–29–76 (D	ate)	Fill out only Sections I, II, III, and VI for changes of owner, well nume or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		
			Separate Forms C-104 mut	at of they for each boot in mutibly	